



# South Dakota Board of Funeral Service

135 East Illinois, Suite 214  
Spearfish, SD 57783  
(605) 642-1600

## FUNERAL EMBALMER/DIRECTOR OR FUNERAL DIRECTOR LICENSE RENEWAL APPLICATION FORM FOR 2004 ALL LICENSES EXPIRE ON DECEMBER 31, 2003

1. If you wish to retain your license, please return this renewal form by December 1, 2003.
2. Please send the renewal form and a money order, certified check, bank draft or personal check for \$50.00 payable to South Dakota Board of Funeral Service at the above address.
3. SDCL 36-19-37 requires, "renewal shall be made within thirty days prior to the expiration of the license".

Board use ONLY:

Received \_\_\_\_\_ Check Number \_\_\_\_\_ \$ \_\_\_\_\_

PLEASE PRINT OR TYPE

Name \_\_\_\_\_ License Number \_\_\_\_\_  
(Last) (First)

Mailing Address \_\_\_\_\_  
(City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_

( ) The above is a current address change.

( ) I **WILL NOT** be renewing. Please return form to board office with above information completed.  
No further renewal notices will be sent to you.

I am a/an \_\_\_\_\_ of \_\_\_\_\_  
(Owner or employee) (Establishment & Lic. #)

Are you active in funeral service? Yes No (Please circle)

Number of hours you attended lectures or continuing education on funeral service at conventions, workshops,  
or seminars in the last year? \_\_\_\_\_.

I am a Licensed Funeral Embalmer/Director \_\_\_\_\_ (Please check)

I am a Licensed Funeral Director \_\_\_\_\_ (Please check)

(Over)

Your renewal seal will not be issued without completion of both sides of this application.

Since the date of issuance of your SD Funeral Service Embalmer/Director or Funeral Director last renewal license,

1. Has this or any other state rejected your application or revoked your professional license or certificate?

☐ Yes ☐ No

If yes, which state or states? \_\_\_\_\_

(Please attach explanation)

2. Has any professional association rejected your application for membership or revoked a membership you held?

☐ Yes ☐ No

If yes, attached explanation.

3. Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by a state board of funeral examiners of such unprofessional conduct?

☐ Yes ☐ No

If yes, give full details on a separate sheet.

4. Have you been convicted by a court of law for any offense in connection with your practice as a funeral embalmer/director?

☐ Yes ☐ No

If yes, attach explanation.

5. Have you been convicted of a felony after being licensed in the State of South Dakota? ☐ Yes ☐ No

6. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1000 or more in past due child support. Do you owe \$1000 or more in past due child support? ☐ Yes ☐ No

I hereby apply for licensure renewal by the State of South Dakota Board of Funeral Service.

Enclosed is the \$50.00 renewal fee (check or money order payable to the SD Board of Funeral Service). I understand that the fee is not refundable.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Number of seals needed? \_\_\_\_\_